



Government of the
District of Columbia

2010

**FR-900Q Employer Withholding
Tax – Quarterly Return**



1 0 9 0 0 0 7 1 0 0 0 2

Important: Print in CAPITAL letters using black ink.

Taxpayer Identification Number

Fill in ☐ if FEIN

Tax Period Ending (MMYY)

Fill in ☐ if SSN

Fill in ☐ if Final return

Business name

Account Number

Mailing address 1

Due date

Mailing address 2

1. DC income tax withheld
this quarter

\$.00

2. Adjustment to a
previous quarter of this year. Fill in
circle if minus.

\$.00

3. Tax Due

\$.00

City

State

Zip Code + 4

Telephone number of person to contact

Preparer's FEIN, SSN or PTIN

Voucher number:

Under penalties of law, I declare that, to the best of my knowledge, this return is correct. Declaration of paid preparer is based on the information available to the preparer.

Taxpayer's signature

Title

Date

Paid Preparer's Signature

Date